

VA Southern Nevada Healthcare System (VASNHS) Post Graduate Year 1 (PGY1) Pharmacy Residency Program Manual

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VA Southern Nevada Healthcare System
Pharmacy Services (119)
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VA



U.S. Department of Veterans Affairs
Veterans Health Administration

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VASNHS HISTORY

PAST

Veteran care began in the Las Vegas area in 1972 when an Outpatient Clinic was opened in Henderson, Nevada, as a satellite of the Reno VA Medical Center. In 1980, the Outpatient Clinic was relocated to West Charleston Boulevard in Las Vegas and began functioning as an Independent Outpatient Clinic.

In 1991, the Veterans Affairs/Department of Defense (VA/DoD) Joint Venture hospital construction began at the Nellis Air Force Base (AFB). Two years following, a 5-bed inpatient unit was opened in the 99th Medical Group (MDG) at Nellis AFB, allowing the Independent Outpatient Clinic to officially be designated as a VA Medical Center. Construction of the new the Mike O'Callaghan Federal Hospital (MOFH) was completed in July of 1994 and marked the commencement of the VA/DoD Joint Venture. Together, the VA and US Air Force managed 114 beds in the new facility. The facility was named after Nevada's 23rd governor Mike O'Callaghan, who served in the Marines and the Army, receiving the Purple Heart and Silver Star after being wounded in Korea. In 2012, the hospital was renamed Mike O'Callaghan Federal Medical Center (MOFMC).

Outpatient services were relocated to a leased facility at 1700 Vegas Drive in Las Vegas in 1997. The facility was named the Addelior D. Guy III Ambulatory Care Center after a decorated WWII and Korean War Veteran who was also Nevada's first African American District Court judge. In 1999, the terminology "VA Medical Center" was changed to "VA Southern Nevada Healthcare System" (VASNHS) to better describe the broad range of services and sites available to Veterans in the Southern Nevada.

Due to structural issues with the Addelior D. Guy III Ambulatory Care Center, the VASNHS ambulatory care operations were dispersed throughout the Greater Las Vegas metropolitan area in 2003. The seamless transition was deemed a great success.

PRESENT

During 2000-2006, Las Vegas experienced a 30% increase in population making it one of the fastest growing cities in the Nation. On September 28, 2004, the Bureau of Land Management (BLM) transferred 150 acres of land to VA for a new hospital in North Las Vegas. In addition, \$305 million was granted to develop a medical center, to include outpatient clinics, inpatient facility, and nursing home care unit.

In August 2012, the long-awaited Las Vegas VA Medical Center complex opened its doors to serve Veterans in the area. It is the first VA hospital to be built in the United States since the end of the Gulf War. The one million plus square foot VA Medical Center is a 90-bed inpatient facility with a 120-bed Extended and Skilled Care Community Living Center and state of the art medical and diagnostic services. The Medical Center is planned to provide a "one stop shop" for the Veteran whose health care needs cross the continuum of services including specialty care, surgery, mental health, rehabilitation, and collocated Veterans Benefits Administration (VBA) offices. In addition, VASNHS has four Primary Care Clinics (PCCs) throughout the Las Vegas metropolitan area to meet primary care and mental health needs of Veterans in the valley. The Community Based Outpatient Clinic (CBOC) located in Pahrump and Laughlin, Nevada provides primary care as well as mental health services to Veterans in the rural area.

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CURRENT CLINICAL SERVICES

The VASNHS provides a broad spectrum of ambulatory and inpatient services as part of the Veterans Integrated Service Network (VISN) 21, also known as the VA Sierra Pacific Network. VASNHS serves Veterans in seven counties including Clark, Lincoln, Nye, and Esmeralda in Nevada; Washington County in Utah; Mohave County in Arizona; and San Bernardino County in California. Services are available to more than 240,000 Veterans living in our catchment area. Currently, VASNHS provides health care services to more than 45,000 patients yearly, exceeding 450,000 outpatient visits per year.

- Primary care, mental health, laboratory, and radiology services are available at all PCCs.
- Mental health, specialty care, and inpatient services; business, logistic, and administrative services are located at the Medical Center.
- The Psychosocial Rehabilitative Recovery Center (PRRPC) provides Veterans diagnosed with mental health illnesses a controlled environment where they can learn to function in society.
- The Center for Homeless Veterans provides needs assessments, employment counseling, Veteran benefit counseling, and outreach to rural and remote areas of Clark County, emergency shelter, and transitional housing referral.

RESEARCH

Our research office serves to assist any new research and investigative staff on training and regulatory compliance issues as well as oversight of compliance with VA regulations and mandates. We have continued to receive oversight provided from VA San Diego Healthcare System to ensure that our program adhered to all regulations and ethical standards. Our mission is to establish VASNHS as a leader in clinical research within Nevada.

ACCREDITATION

The VASNHS is accredited by the Joint Commission through December 2022.

VETERANS INTEGRATED SERVICE NETWORK 21 (VISN 21)

The VASNHS provides a broad spectrum of ambulatory and inpatient services as part of VA Sierra Pacific Network (VISN 21), which includes seven other major healthcare facilities located in Central California, Manila, Northern California, Pacific Islands, Palo Alto, San Francisco and Sierra Nevada.



VA CORE VALUES

Because **I CARE**, I will...

Integrity. Act with high moral principle. Adhere to the highest professional standards. Maintain the trust and confidence of all with whom I engage.

Commitment. Work diligently to serve Veterans and other beneficiaries. Be driven by an earnest belief in VA's mission. Fulfill my individual responsibilities and organizational responsibilities.

Advocacy. Be truly Veteran-centric by identifying, fully considering, and appropriately advancing the interests of Veterans and other beneficiaries.

Respect. Treat all those I serve and with whom I work with dignity and respect. Show respect to earn it.

Excellence. Strive for the highest quality and continuous improvement. Be thoughtful and decisive in leadership, accountable for my actions, willing to admit mistakes, and rigorous in correcting them.

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CODE OF ETHICS

CODE OF ETHICS

Residents must maintain Code of Ethics for Pharmacists and professionalism towards patients and staff members. Violation of The Code of Ethics and inappropriate behavior may result in dismissal from the residency program.

PREAMBLE

Pharmacists are health professionals who assist individuals in making the best use of medications. This Code, prepared and supported by pharmacists, is intended to state publicly the principles that form the fundamental basis of the roles and responsibilities of pharmacists. These principles, based on moral obligations and virtues, are established to guide pharmacists in relationships with patients, health professionals, and society.

1. **A pharmacist respects the covenantal relationship between the patient and pharmacist.**
 - a. Considering the patient-pharmacist relationship as a covenant means that a pharmacist has moral obligations in response to the gift of trust received from society. In return for this gift, a pharmacist promises to help individuals achieve optimum benefit from their medications, to be committed to their welfare, and to maintain their trust.
2. **A pharmacist promotes the good of every patient in a caring, compassionate, and confidential manner.**
 - a. A pharmacist places concern for the well-being of the patient at the center of professional practice. In doing so, a pharmacist considers needs stated by the patient as well as those defined by health science. A pharmacist is dedicated to protecting the dignity of the patient. With a caring attitude and a compassionate spirit, a pharmacist focuses on serving the patient in a private and confidential manner.
3. **A pharmacist respects the autonomy and dignity of each patient.**
 - a. A pharmacist promotes the right of self-determination and recognizes individual self-worth by encouraging patients to participate in decisions about their health. A pharmacist communicates with patients in terms that are understandable. In all cases, a pharmacist respects personal and cultural differences among patients.
4. **A pharmacist acts with honesty and integrity in professional relationships.**
 - a. A pharmacist has a duty to tell the truth and to act with conviction of conscience. A pharmacist avoids discriminatory practices, behavior or work conditions that impair professional judgment, and actions that compromise dedication to the best interests of patients.
5. **A pharmacist maintains professional competence.**
 - a. A pharmacist has a duty to maintain knowledge and abilities as new medications, devices, and technologies become available and as health information advances.
6. **A pharmacist respects the values and abilities of colleagues and other health professionals.**
 - a. When appropriate, a pharmacist asks for the consultation of colleagues or other health professionals or refers the patient. A pharmacist acknowledges that colleagues and other health professionals may differ in the beliefs and values they apply to the care of the patient.
7. **A pharmacist serves individual, community, and societal needs.**
 - a. The primary obligation of a pharmacist is to individual patients. However, the obligations of a pharmacist may at times extend beyond the individual to the community and society. In these

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situations, the pharmacist recognizes the responsibilities that accompany these obligations and acts accordingly.

8. **A pharmacist seeks justice in the distribution of health resources.**
 - a. a. When health resources are allocated, a pharmacist is fair and equitable, balancing the needs of patients and society.

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PHARMACY SERVICES

PHARMACY MISSION

To provide the highest quality pharmaceutical and patient care by ensuring use of medications are efficacious, safe, and cost-effective; providing patient-centric pharmaceutical care and empowerment through education; fostering an environment of responsibility, integrity, respect, and dedication through shared commitment.

PHARMACY VISION

VASNHS Pharmacy Service will provide the highest level of quality pharmaceutical and patient centric care. We will become the provider of choice for patients by expanding our scope of practice, optimizing pharmacotherapy, enhancing patient outcomes, and empowering patients to participate in their health care treatment. We will become the employer of choice for pharmacists, pharmacy trainees, pharmacy technicians, and other supportive personnel by fostering a compassionate and progressive work environment while maintaining work-life balance. We will be healthcare leaders and promote excellence through innovation, education, and technologies.

DESCRIPTION

Pharmacy Services at the VA Medical Center provides inpatient and discharge medications to patients around the clock. In addition, there are outpatient distribution and mail order services provided at this site during regular business hours.

Majority of non-urgent medications are dispensed from our VA Consolidated Mail Outpatient Pharmacy (CMOP) located in Tucson, Arizona, and Murfreesboro, Tennessee. Additionally, there are Pyxis® units located in the clinic patient care areas, which are equipped with commonly used medications and supplies for use by authorized staff only.

PHARMACEUTICAL CARE FOR PATIENTS

Clinical pharmacists provide pharmaceutical care services for their patients by providing the following services:

1. Identifying, resolving, and preventing drug related problems
2. Identifying goals of therapy, monitoring parameters, and desired outcomes
3. Educating patients regarding medication regimens

The Pharmacy Service promotes active participation in daily pharmaceutical care activities to ensure quality patient care and assesses patient outcomes.

Clinical Pharmacy Specialists are an integral part of chronic disease management services in primary care and mental health clinics. Furthermore, Clinical Pharmacy Specialists are responsible for assessing patient adherence through reviewing refill history, evaluating medication regimens for appropriateness, counseling patients about their medications, consulting with physicians on drug therapy, verifying physician order entry, dispensing drugs, supervising pharmacy technicians, and participating in training programs as well as quality improvement projects.

DRUG INFORMATION (DI) SERVICES

Pharmacy Service provides a variety of drug information services which include, but are not limited to, the following:

- In-services to pharmacy staff and facility providers regarding new medications, contraindications, interactions, monitoring parameters, etc.
- Participating in the facility's formulary management through the Pharmacy and Therapeutics (P&T) Committee
- Reviewing Prior Authorization Drug Requests (PADR) for appropriate use and collaborating with providers to find formulary alternatives if clinically indicated
- Providing written and verbal drug information to all patients receiving new medication
- Conducting educational programs to patients about drug therapies in various group settings and individually in clinic settings
- Documenting all drug information activities according to facility policies

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- Documenting all medication misadventures in accordance with the facility's performance improvement policy
- Documenting adverse drug reactions and drug allergies in patient charts
- Responding to all medication inquiries by utilizing appropriate references after conducting thorough literature reviews as appropriate

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PHARMACY SERVICE PERSONNEL LIST

ADMINISTRATION

Chief, Pharmacy	Bryan Tarman, D.Ph.
Associate Chief, Pharmacy	Meeta Patel, Pharm.D., CDE, BCPS
Associate Chief, Clinical Pharmacy Programs	Roseann Visconti, Pharm.D.
Associate Chief, Outpatient Pharmacy	Hyo Ju Kim, Pharm.D.
Associate Chief, Inpatient Pharmacy	Kamilah McKinnon, Pharm.D., M.Ed
Technician Supervisor, Pharmacy	Danielle Richardson, CPhT
Pharmacoeconomic Program Manager	Julie Burian, Pharm.D.
Automated Data Package Application Coordinator	Maria N. Rosario-Vega, R.Ph., Alan Moyer, Pharm.D.
Academic Detailer	William Kuykendall, Pharm.D.
Administrative Officer, Pharmacy	Charles Caparas

PHARMACY RESIDENCY PROGRAM

Residency Program Director (RPD):	Roseann Visconti, Pharm.D.
Residency Program Coordinator (RPC):	William Kuykendall, Pharm.D.
Residency Research Coordinator (RRC):	Ted Turner, Pharm.D., BCPP

CLINICAL PHARMACY PROGRAM

Supervisor:	Roseann Visconti, Pharm.D.
Staff:	Michael Bartholow, Pharm.D., CACP
	Paul Berriochoa, Pharm.D.
	Vy Bui, Pharm.D., BCPS
	Janie Constantino-Corpuz, Pharm.D.
	Danielle Chipchura, Pharm.D., BCPP
	Erin Chorpening, Pharm.D., BCACP
	Monika De Leon, Pharm.D.
	Marissa Doan, Pharm.D.
	Katrina Eldridge, Pharm.D.
	Travis Einertson, Pharm.D.
	Maria Diana Garcia, Pharm.D.
	Linda Ghov, Pharm.D., MBA
	Karolina Grzesiak, Pharm.D.
	Angelica Holloway, CPhT
	Melissa Huizar, CPhT
	James V. Jones, Pharm.D.
	Christine Kimura, Pharm.D., MBA
	Cara Knabenshue, Pharm.D.
	Andrea Matsuda, Pharm.D., BCACP
	Benedicta Osei, Pharm.D.
	Joan Russell, CPhT
	Arnold Sano, Pharm.D.
	Meetesh Soma, Pharm.D.
	Stephen Slubar, Pharm.D.
	Andrea (Andre) Taylor, CPhT
	Ted Turner, Pharm.D., BCPP
	Khenh Vong, Pharm.D., BCPS
	Lisa Wang, Pharm.D.

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Daniel Worland, Pharm.D.

Mariya Zhudeva, Pharm.D.

INPATIENT PHARMACY PROGRAM

Supervisor:

Kamilah McKinnon, Pharm.D., M.Ed

Staff:

Francis Nicholas (Niko) Agustin, Pharm.D.

Michelle Baeza, Pharm.D.

Aira Canlapan, Pharm.D.

Nha (Judy) Chau, Pharm.D.

Trang Dao, Pharm.D.

Preet Grewal, Pharm.D.

Brandi Miller, Pharm.D.

Seung Ki (Eddy) Min, Pharm.D.

Tiffany Murphy, Pharm.D.

Robinah Nakimera, R.Ph.

Thuy Nguyen, Pharm.D.

Ashfaq Shafiq, Pharm.D., BCPS, CACP, BCCCP

Koalani Smith, Pharm.D.

Raputpong Sopat, Pharm.D.

Allison Steen, Pharm.D.

Kelli Taguchi, Pharm.D.

Janiel Unisa, Pharm.D.

Richard Wiest, Pharm.D.

Technician Staff:

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Christina Alvarez, CPhT

Randy Ballou, CPhT

Felipa Cabiltias, CPhT

Davillia Carlock, CPhT

Alex Dizon, CPhT

Rosario Imperial, CPhT

Analisa Javillonar, CPhT

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Amanda Kelly, CPhT

Khased Mariano, CPhT

Apollo Milare, CPhT

Nelson Presiados, CPhT

Carmen Punzalan, CPhT

Akeem Rashad, CPhT

OUTPATIENT PHARMACY PROGRAM

Supervisor:

Hyo Ju Kim, Pharm.D.

Technician Supervisor:

Danielle Richardson, CPhT

Staff:

Ghassan Abdalla, Pharm.D.

Joseph Anoruo, Pharm.D.

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Outpatient Technicians:

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Kara Williams, CPhT

Automation Technicians:

Jose Molina, CPhT
Paulina Pura, CPhT

Community Care Technicians:

Roxanne Reyes, CPhT
Trinia Jones-Blair CPhT

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Procurement Technicians:

Karin Delgado, CPhT
Maria (Girlye) Malano, CPhT

Vault Technicians:

April Dondoy, CPhT
Andice Glass, CPhT
Carolyn Ocava, CPhT
Paterno (Pat) Penalosa, CPhT

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PHARMACY STAFF COMMITTEE MEMBERSHIP

VASNHS Antimicrobial Stewardship Committee

Ashfaq Shafiq, Pharm.D., BCPS, CACP, BCCCP

VASNHS Cancer Committee

Brandi Miller, Pharm.D.

VASNHS Clinical Performance Measures Committee

Meeta Patel, Pharm.D., CDE, BCPS

VASNHS Clinical Pharmacy Practice Committee

Chair: Roseann Visconti, Pharm.D.

Leadership: Bryan Tarman, D.Ph., Meeta Patel, Pharm.D., CDE, BCPS

Inpatient: Raputpong Sopat, Pharm.D.

PACT: Michael Bartholow, Pharm.D., CACP

Specialty: Allison Steen, Pharm.D.

VASNHS Compounded Sterile Preparations Workgroup

Allison Steen, Pharm.D.

VASNHS Controlled Substance Prevention Program Committee

Aira Canlanan, PharmD

VASNHS CPR Committee

Kamilah McKinnon, Pharm.D., M.Ed

VASNHS Dementia Committee

Travis Einertson, Pharm.D.

VASNHS Disruptive Behavior Committee

Stephen Slubar, Pharm.D.

VASNHS Emergency Management Committee

Hyo Ju Kim, Pharm.D.

VASNHS GEMS Committee

Danielle Richardson, CPhT

VASNHS Graduate, Undergraduate, Dental and Associated Health (GUDA) Committee

Roseann Visconti, Pharm.D.

VASNHS Infection Control Committee

Ashfaq Shafiq, Pharm.D., BCPS, CACP, BCCCP

VASNHS Lesbian, Gay, Bisexual, and Transgender (LGBT) EEO Committee

Vy Bui, Pharm.D., BCPS

VASNHS Medical Executive Committee

Bryan Tarman, D.Ph.

Meeta Patel, Pharm.D., CDE, BCPS

VASNHS Medical Records Committee (MRPC)

Khenh Vong, Pharm.D., BCPS

VASNHS Medication Safety Workgroup

Allison Steen, Pharm.D.

VASNHS OSI Committee

William Kuykendall, Pharm.D.

VASNHS Patient Safety Committee

Roseann Visconti, Pharm.D.

VASNHS Peer Review Committee

Bryan Tarman, D.Ph.

Meeta Patel, Pharm.D., CDE, BCPS

VASNHS Periodic Performance Review

Meeta Patel, Pharm.D., CDE, BCPS

VASNHS Pharmacy and Therapeutics (P&T) Committee

Bryan Tarman, D.Ph.

Meeta Patel, Pharm.D., CDE, BCPS

Julie Burian, Pharm.D.

Maria N Rosario-Vega, R.Ph.

Alan Moyer, Pharm.D.

VASNHS Primary Care Oversight Committee

Roseann Visconti, Pharm.D.

VASNHS Professional Standards Board (PSB)

Bryan Tarman, D.Ph.

Meeta Patel, Pharm.D., CDE, BCPS

VASNHS Quality and Performance Improvement Council (QPIC)

Meeta Patel, Pharm.D., CDE, BCPS

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VASNHS Residency Advisory Committee (RAC)

RPD: Roseann Visconti, Pharm.D.
Leadership Representative: Meeta Patel, Pharm.D., CDE, BCPS
RPC: William Kuykendall, Pharm.D.
RRC: Ted Turner, Pharm.D., BCPP
Preceptor(s): as assigned

VASNHS Telestroke Implementation Committee

Kamilah McKinnon, Pharm.D., M.Ed

VASNHS Women's Health Committee

Linda Ghov Pharm.D., MBA

VISN 21 Anticoagulation Task Force

Roseann Visconti, Pharm.D.

VISN 21 Antimicrobial Stewardship Task Force

Ashfaq Shafiq, Pharm.D., BCPS, CACP, BCCCP

VISN 21 Call Center

Danielle Richardson, CPhT

VISN 21 Clinical Pharmacy Practice Council

Roseann Visconti, Pharm.D.

VISN 21 Drug Information Resources

Khenh Vong, Pharm.D., BCPS

VISN 21 Endocrine Task Force

Marissa Doan, PharmD

VISN 21 Inpatient Supervisor Workgroup

Kamilah McKinnon, Pharm.D., M.Ed

VISN 21 Medication Safety Committee

Julie Burian, Pharm.D.

VISN 21 Medication Use Management Team

Bryan Tarman, DPh
Meeta Patel, Pharm.D., CDE, BCPS

VISN 21 Mental Health Task Force

Ted Turner, PharmD, BCPP
Karolina Grzesiak, PharmD

VISN 21 Nutrition Support Committee

Erin Chorpening, Pharm.D., BCACP

VISN 21 Oncology Task Force

Brandi Miller, Pharm.D.

VISN 21 Pain Committee

Bryan Tarman, DPh
William Kuykendall, Pharm.D.

VISN 21 PBM

Bryan Tarman, DPh
Meeta Patel, Pharm.D.
Julie Burian, Pharm.D.

VISN 21 Pharmacy Leadership Board

Bryan Tarman, DPh

VISN 21 Pharmacy Telephone Call Center Workgroup

Hyo Ju Kim, Pharm.D.

VISN 21 Pharmacy Procurement Committee

Bryan Tarman, DPh

VISN 21 Residency Program Directors

Roseann Visconti, Pharm.D.

VISN 21 USP 800 Workgroup Committee

Allison Steen, Pharm.D.

VISN 21 VADERS Task Force

Julie Burian, Pharm.D.

VISN 21 Wound Care Task Force

Dale Hawkins, Pharm.D.

National Clinical Pharmacy Practice Office (CPPO) Mental Health Subject Matter Expert

Danielle Chipchura, Pharm.D., BCPP

National Clinical Pharmacy Practice Office (CPPO) Pain Subject Matter Expert

James V. Jones, Pharm.D.

National Clinical Pharmacy Practice Office (CPPO) Substance Use Disorder Subject Matter Expert

Stephen Slubar, Pharm.D.

National E-Pharmacy Support Group

Hyo Ju Kim, Pharm.D.

National Threat Management Community of Practice (TMC)

Julie Burian, Pharm.D.

National Pain Management Leadership Call

William Kuykendall, Pharm.D.

RESIDENCY PROGRAM OVERVIEW

PURPOSE STATEMENT

The purpose of the VA Southern Nevada Healthcare System (VASNHS) PGY1 pharmacy residency program is to build on Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

The VA Southern Nevada Healthcare System (VASNHS) provides a broad spectrum of ambulatory and inpatient services as part of VA Sierra Pacific Network (Veterans Integrated Service Network - VISN 21). The VASNHS serves Veterans in seven counties including Clark, Lincoln, Nye, and Esmeralda in Nevada; Washington County in Utah; Mohave County in Arizona; and San Bernardino County in California. Recent consensus projections place the Veteran population of these counties over 240,000. There is a total of 25 facilities which make up the VASNHS. The sites are in Las Vegas, Henderson, and Pahrump, Nevada. Most of the facilities are in metropolitan Las Vegas and North Las Vegas, Nevada.

In August 2012, VASNHS proudly announced the opening of a one-million square-foot comprehensive medical center in North Las Vegas. VASNHS provides health care services to nearly 50,000 unique patients annually. In addition, four new primary care clinics complement the medical center by providing superior patient-centered care to Veteran patients. As Southern Nevada is one of the fastest growing areas in the country, services provided by VASNHS will continue to expand to meet the demands of the dynamic growth.

PROGRAM ESTABLISHMENT AND ACCREDITATION

The VASNHS PGY1 pharmacy residency program was established in 2004. This residency program is accredited by the American Society of Health System Pharmacists (ASHP) Board of Directors and is guided by the 2014 ASHP Accreditation Standards.

THE RESIDENCY ADVISORY COMMITTEE

The Residency Advisory Committee (RAC) is established in accordance with the ASHP Accreditation Standard for residency programs. The Residency Program Director (RPD) chairs the Residency Advisory Committee (RAC). The RAC members comprise of Pharmacy Leadership Representative, Residency Coordinator, Residency Research Coordinator and Preceptor(s). The RAC and pharmacy executive engage in an on-going process of assessment of the residency program including a formal annual program evaluation (residency retreat).

Overall Mission:

The RPD and RAC are responsible for oversight for all aspects of the pharmacy residency program at VASNHS with respect to the established ASHP Accreditation Standard. This includes adhering to the ASHP standard 1-6:

1. Requirements and Selection of Residents
2. Responsibilities of the Program to the Resident
3. Design and Conduct of the Residency Program
4. Requirements of the Residency Program Director and Preceptors
5. Requirements of the Site Conducting the Residency Program
6. Pharmacy Services

The goals of the RAC are to assist the RPD in the management of the residency program; facilitate the residents' growth and professional development; be a resource for the residents towards their specific goals, plan, and evaluation processes; and to enhance communication between the residents and preceptors.

Specific Charges:

Members shall attend RAC meetings to:

- Review, maintain, and assure that the residency program's goals and objectives are following current ASHP accreditation standards
- Review, maintain, and approve the Residency Program Manual annually

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- Review preceptor training and competency assessment annually and implement plans for preceptor development
- Assure that overall residency program goals and learning objectives are met, training schedules are maintained, and appropriate precepting is provided
- Establish residency applicants' requirements, applicant procedures, and formal review process for evaluation and selection of the resident
- Review residents' individualized plan for residency, training schedule, learning experiences and objectives, and overall residency progress at least quarterly
- Address issues from residents and others regarding concerns for the programs
- In conjunction with other identified experts in research, review potential residency research proposals for feasibility, research design, and unique contribution to the literature
- Conduct corrective actions and dismissals as necessary, under the advisement of the RPD
- Provide final certification of residency completion to the RPD

Committee Leadership and Reporting Relationship:

The RPD chairs the committee and the Residency Program Coordinator (RPC) serves as the vice chair. The committee reports to the Chief of Pharmacy, who oversees the pharmacy services.

Authority/Limitations:

Requests for change in membership of the committee will be forwarded to the Chief of Pharmacy.

Evaluation:

The Committee conducts an annual evaluation of its overall effectiveness and reports to the Chief of Pharmacy.

Meeting schedule:

The committee meets a minimum of twice per calendar year or at the call of the chairperson. A quorum shall be met, or the meeting cancelled and rescheduled. A quorum is defined as the presence of 50% plus one of voting committee membership.

Voting Members of the RAC:

- Residency Program Director (Chair)
- Pharmacy Leadership Representative
- Residency Program Coordinator
- Residency Research Coordinator
- Preceptor(s) (designated by RPD)

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EMPLOYEE INFORMATION FOR VASNHS PGY1 PHARMACY RESIDENTS

RESIDENCY POSITION DESCRIPTION

Position Title: Pharmacy Resident

General Description of Position (One-year trainee appointment)

- The Pharmacy Resident participates in a one-year post-graduate year 1 residency training program that offers learning experiences in ambulatory care, inpatient, and administrative pharmacy practice environments as outlined in the Residency Manual. The Pharmacy Resident will be afforded all employee benefits consistent with his or her position description as a temporary employee of the VASNHS.
- The Pharmacy Resident must be licensed in any state, be a US or naturalized citizen, and have received a Doctor of Pharmacy degree from an Accreditation Council for Pharmacy Education (ACPE) accredited School/College of Pharmacy. Until such time that full licensure is obtained, the Pharmacy Resident will operate within the confines of an active Pharmacy Intern license and all pharmacist activities must be supervised by a licensed pharmacist.
- The Pharmacy Resident will demonstrate mastery of all practice skills required for successful completion of a PGY1 Pharmacy Residency Program in accordance with the standards set forth and described in the Program's Residency Manual.

FUNCTIONS

Medication dispensing and distribution

- Participates in service commitment assignments as delineated in the Residency Manual.
- Inpatient/outpatient prescription medications orders are reviewed and verified in accordance with local VASNHS Pharmacy Service policies and procedures
- Identifies, interprets, and documents resolution of prescribing and dispensing issues
- Dispenses controlled, non-controlled, and over the counter (OTC) substances with accuracy according to current federal law and VASNHS Pharmacy Service policies and procedures in an inpatient and outpatient setting

Clinical

- Collaborates with participants of a multidisciplinary team and provides drug information, observations on patient response to therapy, and appropriate recommendations regarding treatment alternatives or additional interventions to maximize patient care outcomes taking into consideration choice of therapy, safety, efficacy, and pharmacoeconomics
- Interviews and evaluates patients for appropriateness of pharmacologic therapy, develops a pharmaceutical care plan when indicated, and documents these activities as a progress note in the patient's medical records
- Provides medication education and counseling to patients and/or caregivers, when indicated
- Provides care and/or services appropriate to the age of the patient being served, by assessing data reflective of the patient's status and interpret the information to identify the patient's requirements relative to their age-specific needs
- Provides consultative services to all professional staff regarding drug therapy
- Complete a residency research project and write a manuscript that is suitable for publication within the guidelines outlined in the Residency Manual

Education/Administration

- Serves as a preceptor when appropriate for pharmacy students at the VASNHS
- Participates in the development and implementation of formal and informal drug education programs and clinical consultation services for healthcare professionals at the VASNHS, which may provide continuing education credits as outlined in the Residency Manual

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- Provides education to other healthcare providers and administrators to ensure their understanding and compliance with established pharmacy and medical center memorandums, standard operating procedures and policies
- Completes required self-evaluations, preceptor evaluations, and learning experience evaluations by due date. Evaluations should have narratives and constructive feedback. Feedback should be provided in accordance with the Residency Program Design and Conduct (RPDC)
- Ensures that all facility mandatory training is accomplished within established time-tables and properly documented in service competency files
- Provides administration/technical support
- Completes Adverse Drug Event (ADE) and Medication Error reporting
- Works with other health care providers to develop programs for improvement of drug use
- Develops and conducts drug usage evaluation in areas of needs from a cost and patient outcome perspective
- Participates in formulary-management activities to ensure appropriate utilization of non-formulary medications and those requiring prior-authorization in accordance with VA National, VISN, and local criteria for use
- Helps develop, implement, and review medication-related Quality Management initiatives as assigned

Customer Service

- Verify patient identification using at least two identifiable methods (e.g., full social security number, full name, or date of birth) as appropriate per facility policy
- Routinely identifies the customer's/patient's situation properly, performs the tasks required to resolve the customer's/patient's problem accurately and in a timely manner and provides follow-up, as necessary, to ensure a satisfactory resolution
- Consistently responds to patient's, family member's, visitor's, and co-worker's requests for assistance promptly and in a professional manner
- Actively listens to all customer/patient/staff feedback, positive and negative, acts to resolve complaints within his or her control, and reports feedback to management (or supervisor/preceptor) in a timely manner
- Maintains conduct, attitude, and practice consistent with the VA's mission and vision goals as well as the Pharmacy's professional code of ethics
- Works and communicates effectively with others while remaining courteous, tactful, and understanding when interacting with others, even in potentially difficult or volatile situations
- Uses discretion in appropriately safeguarding confidential patient information

Employee Badges

- VA Security always requires all personnel to wear his or her badge when they are on duty. VA issued Personal Identity Verification (PIV) Identification Badges must be worn above the waist while on duty, so the photo and name are always visible. PIV Badges will always be in the possession of the user of the badge and not left at workstation after hours. Resident will be sent home to retrieve their ID badge if he or she does not have his or her badge while on duty, annual leave (AL) hours will be deducted for retrieval. Residents may NOT be on site without ID badge. If the ID badge is lost the resident must report the loss immediately to VA Police and may render a fee for replacement.

Patient Confidentiality

- Patient confidentiality will be strictly maintained by residents. Any consultations concerning patients will be held in privacy with the utmost concern for the patients' and family members' emotional as well as physical well-being. Residents will receive Health Insurance Portability and Accountability Act (HIPAA) training and will abide by HIPAA regulations, ensuring patient confidentiality. Residents will also abide by any VASNHS policies and procedures regarding patient confidentiality.

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Licensure

- The resident will follow Veterans Health Administration (VHA) guidelines regarding pharmacist licensure. Candidates must be licensed in *any* state. Candidates are highly encouraged to take the North American Pharmacist Licensure Examination (NAPLEX) and Multistate Pharmacy Jurisprudence Examination (MPJE) prior to the start of the program or, at the latest, by July 30th of the residency year. This would ensure adequate time to retake an exam if needed.
 - **Please note, results from California (and other states) may take anywhere from 60 days or longer to show. Additionally, it may take a similar amount of time to receive a license number after passing both exams. It is highly recommended to take the license exam for Nevada to ensure timely licensure.**
 - **It is recommended the resident transfers their NAPLEX score to Nevada as you only get 90 days to transfer your score once you take the exam for Nevada licensure.**
- If licensure is not completed on the first attempt, the resident must re-take the next available licensure examination date. Resident may need to show next available dates to RPD and/or RPC when scheduling to ensure licensure is obtained by the required dates. The resident will be placed on probation, with a plan set in place regarding taking the next exam.
- Failure to obtain registered pharmacist licensure by October 31st of the residency year will result in dismissal from the program.

Proof of Licensure

- An active intern pharmacist license is required from the state in which it was issued for the duration of time in which the resident is not fully licensed and registered as a pharmacist. A copy of the license is enough for maintenance in the resident's record of employment and will be replaced with a copy of his or her pharmacist license once obtained within the requirements described above.

Computer Access

- Computer access will be restricted to that appropriate for an intern pharmacist until the resident can provide proof of registered pharmacist licensure, at which time access will expand to that consistent with a licensed pharmacy resident and will require preceptor review and co-signature on documentation of all direct patient care activities.
- Remote access may be provided to the resident. However, this does not mean the resident is eligible to telework. Resident is required to be on-site for all learning experiences unless otherwise instructed.

Service Commitment

- Residency service commitment will be scheduled after completion of orientation. Prior to licensure, the resident will complete technician staffing in the outpatient areas. Once licensed, resident will complete a weeklong training session. Then the resident will staff under the supervision of pharmacists in the inpatient and outpatient settings.
- Residents will be required to staff the pharmacy on two weekend days a month. Adequate training will be provided prior to commencement of staffing activities. A minimum of 22 weekend days must be completed to satisfy the requirements of the residency program. Residents will also be assigned on-call days throughout the year.
 - Prior to licensure, on assigned service commitment days, resident will be expected to perform any/all duties of a technician. These days may also include the shadowing of pharmacists if technician work is completed.
 - When assigned service commitment days in outpatient, resident is expected to perform all duties of an outpatient staffing pharmacist
 - All notes written will need to be cosigned by outpatient pharmacist staff working
 - When assigned service commitment days in inpatient, resident is expected to work only on processing pendings, verification of prepared medications. This may include outpatient medication orders.

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- No notes should be written while on inpatient service commitment days
- If a resident call in sick, he/she must make up that day within the same month and in the same service area.
- Residents may switch service commitment days with another in the same service area (e.g. inpatient with inpatient, outpatient with outpatient) only

Outside Employment during Residency Program

- The resident's primary professional commitment must be to the residency program. A residency is a full-time obligation. It provides an exceptional learning opportunity that demands considerable time commitment from the resident to meet the residency requirements for certification. The resident must manage his or her activities external to the residency so as not to interfere with the program.
- Resident must follow "Pharmacy specific duty hour requirements for the ASHP accreditation standards for pharmacy residencies" available for review at: <http://www.ashp.org/DocLibrary/Accreditation/Regulations-Standards/Duty-Hours.aspx>
 - Duty Hours: Not to exceed 80 hours/week, averaged over a four-week period, inclusive of all moonlighting
- Dual Appointment/Moonlighting: Not to exceed 20 hours/week
 - Dual Appointment: VHA allows pharmacy residents under VA appointment (VHA Notice 10-2001-03), to be appointed to another position at the VA. Dual appointment allows the pharmacy resident to work various hours during non-residency hours at an hourly rate different than the pharmacy resident's stipend. Availability of dual appointment is subject to change, based on facility demands.
 - Will not be scheduled until the resident has provided proof of registered pharmacist licensure and dual appointment application has been approved. ASHP Duty Hour requirements will still apply to all dual appointment hours completed.
 - Moonlighting: employment outside of the VA/residency
- Should the resident elect to gain employment outside of residency, a clear distinction must be made between employment and residency responsibilities. Moonlighting or dual appointment can only occur during non-residency hours, it cannot occur during other required attendances, such as regional or national conferences. The RPD will advise the resident to refrain from employment outside of residency should it become apparent that it is interfering with the resident's ability to meet the demands of the residency program.

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POLICIES AND BENEFITS

ATTENDANCE:

The residency is a full-time temporary appointment of one (1) year in duration. The resident is expected to be on site a minimum of forty (40) hours per week to perform activities related to the residency as necessary to meet the goals and objectives of this program. Additional time is expected to complete assignments and projects in a timely manner. When the resident will not be onsite, the RPD and preceptor must approve of the time off or away and procedures for leave as stated in this policy must be followed. To assure adequate time off, VASNHS complies with the ASHP standards and the ASHP duty hour regulations.

DUTY HOURS

Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care, administrative duties, scheduled and assigned activities, such as conferences, committee meetings and health fairs that are required to meet the goals and objectives of this program. Duty hours are defined below in accordance with [ASHP regulations](#).

Duty hours **do not include** reading, studying and academic preparations for presentations, journal clubs, or travel time to and from conferences; and hours that are not scheduled by the residency program director or preceptor.

Maximum Hours of Work per Week

Duty hours must be limited to 80 hours per week, averaged over a four-week period

Mandatory Time Free of Duty

Residents must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks).

Maximum/Continuous Duty Period Length

Duty periods of PGY-1 residents must not exceed 16 hours in duration. Any time spent at the facility beyond 12 hours must be emailed to RPD when you leave the site with documentation of activities completed.

Minimum Time Off between Scheduled Duty Periods

Residents should have 10 hours free of duty between scheduled duty and must have at a minimum 8 hours between scheduled duty periods.

The resident must report any conflicts with duty hours immediately to the preceptor and RPD and assist in resolution of the duty hours conflict so that regulations are not violated. The resident is prohibited from violating duty hour requirements.

Duty hour evaluation will occur using PharmAcademic® on a quarterly basis. This evaluation will include an agreement that the resident understands the duty hour standards, assessing how many hours they have spent on site staffing as well as dedicated clinical academic activities during each of their learning experiences during that quarter. The resident is also given the opportunity to discuss suggestions for preventing future occurrences if they are in non-compliance. This evaluation will be discussed with the RPD at the quarterly meetings. If a resident feels they are struggling with complying with the duty hour standard, they can meet with the RPD at any time.

ANNUAL LEAVE (AL)

Annual leave is accrued every two weeks. Annual leave can be used for rest, relaxation, and recreation, as well as time off for personal business (e.g., licensure examinations, job interview) and emergency purposes (e.g., auto repair). It may be used only after it has been earned. Advanced leave is not permitted. Annual leave request must be submitted **at least**

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30 days in advance and be approved before being taken. Annual leave requests that are submitted less than 30 days require appropriate justification for consideration. **Taking leave during the first week of a learning experience is not permitted.** The first week of a learning experience is a crucial time to ensure that basic training is achieved so to avoid potential struggle with knowledge base and workload efficiency. Taking time off consistently on the same learning experience is highly discouraged. Residents cannot miss more than 10% of a learning experience (due to annual, sick, or authorized leave). If a vacation is planned greater than one week; it will need to be scheduled across two rotations. Missing more than 10% of a learning experience may result in need to make up missed time or potentially failure of the learning experience (this does not include missing dates due to federal holidays). **Residents cannot be on annual leave during the last week of their residency.** No more than one resident may take annual leave at the same time. Additionally, all AL requests will be in accordance with any pre-established VASNHS leave policies/procedures.

Request for annual leave must be completed in the following order as applicable.

1. The resident must obtain verbal or written approval by the preceptor(s) of assigned learning experiences
2. Upon approval from preceptor(s), the resident must then submit the request into the VA Time and Attendance System (VATAS). This request is **only considered complete** if the resident briefly notes reason for request as desired and preceptor approval in the remarks section with date of preceptor approval
3. It is the resident's responsibility to directly notify the RPD and residency preceptor(s) of his or her learning experience prior to taking approved leave. This may be completed using the initial assessment form found within PharmAcademic®. All leave requests are subject to the approval of the Chief of Pharmacy and will be acted on considering the resident's ability to complete the program's required learning experiences as well as the overall completion of the residency requirements. Resident will be paid at the end of the residency for any unused annual leave.
4. If emergency or same day AL is requested, resident must get approval from RPD/RC prior to taking this leave verbally via telephone. Voicemail is unacceptable for emergency/same day AL requests.

SICK LEAVE (SL)

Sick leave is accrued every two weeks and can be used for illness and injury as well as medical, dental, optical, and other medically related appointments or procedures. **It is the responsibility of the resident who is incapacitated for duty to notify the RPD, preceptor(s) of the learning experience, and the Administrative Officer (AO) at extension 14103 as soon as possible but no later than two hours after the resident is scheduled to report for duty unless mitigating circumstances exist.** If the RPD, preceptor(s), or AO is not reachable by telephone calls, employees may use voice mail to as an acceptable form of notification to the RPD, preceptor(s), and AO and specify the type of leave requested. Resident who expects to be absent more than one day will inform the RPD or AO of the expected date of return to duty and notify the RPD and AO of any change. Resident must call in sick for each consecutive day of illness. For periods of illness exceeding three consecutive workdays, resident must furnish evidence of the need for sick leave upon return to duty. Resident must furnish medical certification by a physician attesting to the need for sick leave during the period of absence. Upon returning to work, leave request must be completed for approval in VATAS. Resident cannot miss more than 10% of a learning experience (due to annual, sick or authorized leave) and need to plan accordingly. Sick leave may also be used for family care or bereavement of a family member. If more than 10% of a learning experience is missed, resident may be required to make up time or remediate the learning experience at the discretion of the RPD. Additionally, all SL requests will be in accordance with any pre-established VASNHS leave policies/procedures.

- When calling in sick & assigned to service commitment areas, you must first call the on-call resident(s) and alert pharmacy staff (ext. 14122). Since days must be made up, no VATAS entries are required.

AUTHORIZED ABSENCE (AA)

Authorized absence is granted when resident is conducting-VA related activities at a location other than the VASNHS. Approved conference and training seminar attendances are two examples that require authorized absence. AA may be approved for participating in PGY2 or job interviews at other VA facilities. Authorized absences must be requested at least 30 days in advance, by submitting a request in VATAS. A justification (including city and state of the training) for the

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AA should be noted in the remarks section of the request. All leave requests are subject to the approval of the Chief of Pharmacy. If AA is being requested for more than one (1) day, requests must be made to VASNHS Director.

LEAVE WITHOUT PAY (LWOP)

Leave without pay is only granted at administrative discretion by the Chief of Pharmacy. Under certain circumstances, additional sick leave without pay may be granted with the approval of the RPD and the Chief of Pharmacy.

COMPENSATION TIME (CU)

Compensation time is not available for pharmacy residents.

FAMILY MEDICAL LEAVE ACT (FMLA)

Family Medical Leave Act may be taken as sick leave, annual leave, or LWOP, and will be granted up to the total amount of leave (SL and AL) that is accrued when the request is entered. Maternity and Paternity Leave may be requested for a birth of a son or daughter, care of a son or daughter, and placement of a son or daughter for adoption or foster care. To be eligible for FMLA leave, resident must have worked for the Department of Veterans Affairs for at least 12 months and have worked at least 1,250 hours during the 12 months prior to the start of the FMLA leave. The duration of total maternity or paternity leave shall be approved by the RPD and Chief of Pharmacy. The resident may be required to make up missed time in accordance with the residency program requirements.

EXTENDED LEAVE

Extended leave requests from the residency will be reviewed by the RPD, the Chief of Pharmacy, National Residency Advisory Board member and a Human Resources (HR) representative, if necessary. The decision to grant an extended leave request will be made by the Chief of Pharmacy. If an extended leave request is granted prior to March 1st, the resident would be granted an extension at the end of the residency year equivalent to the extended leave period, but not exceeding 6 weeks, to complete the program's requirements. If it is estimated before March 1st that the program's requirements would not be able to be completed during the extension of the residency, the resident would have the option of reapplying to the residency program and going through the National Matching Services for the next residency year. If the extended leave is granted after March 1st, the resident would have to complete the program's requirements during an extension of the residency year as described above.

COURT LEAVE

Court leave during the residency program is discouraged due to the high demands of the program within a limited training period. Resident is encouraged to request deferment of jury duty requests.

LEAVE ABUSE

When there is reason to believe that a resident is abusing sick leave entitlement, medical certificates may be required for any period of absence provided the resident has been formally notified in writing that such a requirement has been established.

TARDINESS/STAYING LATE IN PCCS

Resident must enter AL for unexcused tardiness or absence (e.g., overslept, car trouble, etc.). SL may be entered if tardiness or absence was due to medical reasons. Three consecutive unexcused tardiness or absences may result in learning experience remediation. Resident must call into 14103 to alert of how late they believe they will be and enter leave accordingly once on site. Once on site, resident must alert RPD to arrival time. If resident believes they will be late and arrive on time, they must also inform the Pharmacy AO of this change in status. When staying past 4:30pm at one of the Primary Care Clinics (PCC), the resident must alert RPD, VA Police on site and call VA Police at 13333 to alert them.

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RESIDENCY MENTORSHIP PROGRAM

"The delicate balance of mentoring someone is not creating them in your own image but giving them the opportunity to create themselves." – *Steven Spielberg*

OBJECTIVE

To foster the resident's professional development through the transfer of knowledge and experiences while promoting balance between their career and personal life.

MENTOR ROLE

- To serve as a mentor to the residents (mentees) for the duration of the residency year
- Meet with mentees at least quarterly
- Engage and share experiences and expertise
- Provide feedback and constructive criticism
- Guide mentees to achieving goals

MENTEE ROLE

- Actively participate in events and activities
- Learn and integrate feedback to grow professionally and personally
- Provide feedback about current residency experiences/issues

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RESIDENCY WELL-BEING

It is easy for the complexities of health care to result in stress for professionals who work in health care. No one is exempt from stresses of his/her professional or personal life. No one should feel ashamed or afraid to ask for help coping with stress or depression. Many resources are available.

To help pharmacy residents balance all aspects of their training and life, the RPD working with the RAC have developed a program to support residents, which includes:

- Presentation by MH staff outside of pharmacy on ways to manage stress
- Routine meetings with RPD scheduled for at least every 2 weeks (although this can be altered) as a means to provide updates on progress, need, stress, workload, work-life balance, and any other needs. This agenda is driven by the resident but the RPD will ask for questions regarding progress & status of projects
- VA Employee Assistance Program
- Quarterly formal evaluation, including assessment of duty hours, resident progress, goals
- As needed evaluations and discussions based on observations or reports of any staff or resident
- Opportunity for a resident to select a preceptor as a mentor in addition to support from the RPD and RC

EMPLOYEE ASSISTANCE PROGRAM

- Residents should not hesitate to seek support of the Employee Assistance Program. Getting appropriate support early can prevent difficult situations which may severely interfere with a resident completing the requirements of the program and getting a residency certificate. See <http://vaww.lasvegas.va.gov/occupationalHealth/documents/Comphsyc.pdf>

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RESIDENT EVALUATION

PURPOSE

To provide residents with timely feedback about their progress towards achievement of the program's required educational goals and objectives. Residents are required to provide constructive evaluation of the structure and content for each learning experience and the effectiveness of the preceptors' teaching/mentoring skills. All evaluations will be completed according to scheduled deadlines to provide formative and summative assessments to improve future performance.

TYPES OF EVALUATION

- **Initial assessment:** At the beginning of the residency program, resident must provide a comprehensive self-assessment of their baseline knowledge and skills related to the program's educational goals and objectives. This assessment will be documented in the resident's development plan by the end of orientation period and taken into consideration when determining resident's learning experiences, learning activities, evaluations, and other changes to the program's overall plan. It will also include information to preceptor on pre-planned days of AL, SL, AA, etc. or other meetings that may take time away from the learning experience itself.
- **Formative (on-going, regular) assessment:** Resident must provide on-going feedback pertaining to how he/she is progressing in each learning experience. Residents must assess each learning experience and the preceptor's performance.
 - Upon completion of each learning experience, the resident will be required to complete a summative evaluation, preceptor evaluation, and learning experience evaluation. Evaluations should consist of adequate narrative with constructive feedback. Feedback will be discussed with the learning experience preceptor and the RPD. Resident must complete and discuss at least one evaluation of each learning experience and preceptor at the end of the learning experience. If more than one preceptor is assigned to a learning experience, resident should provide feedback for primary and secondary preceptors as applicable.
- **Midpoint evaluation:** At the midpoint of each learning experience, resident must self-evaluate themselves and discuss with preceptors a verbal and written assessment on the extent of their progress toward achievement of assigned educational goals and objectives for that learning experience.
- **Summative evaluation:** At the end of each learning experience, resident must receive and discuss with preceptors a verbal and written assessment on the extent of their progress toward achievement of assigned educational goals and objectives. If a learning experience is greater than or equal to 12 weeks in length, a documented summative evaluation must be completed at least every three months.
- **On-Demand Feedback:** Resident and preceptor may utilize the on-demand feedback evaluation at any time during the learning experience to document specific examples of how the resident demonstrated an achievement of a learning experience goal or objective as well as provide immediate feedback about aspects of the resident's performance that needs improvement.
 - **Will be used to document presentation feedback**
- **Development plans:** Each resident must have a resident development plan documented by the RPD or designee. On a quarterly basis, resident and RPD will meet to assess resident's progress and determine if the development needs to be adjusted. The development plan and any adjustments must be documented and shared with all preceptors
- **Annual residency program evaluation (retreat):** The resident will participate in the residency program evaluation where all aspects of the program are evaluated, areas for program quality improvement are identified, and tangible plans are made based on recommendations for change

DOCUMENTATION

All evaluations will be documented utilizing PharmAcademic® and the assessment forms developed by ASHP as part of the Residency Program Design and Conduct (RPDC). Deadlines for all evaluations are specified for all learning experiences in

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PharmAcademic®. It is the resident's responsibility to ensure all evaluations are completed by due dates. All documentation should occur in the form of on-demand feedback in PharmAcademic® post discussion with the resident.

DEFINITIONS

Evaluation of residents in PharmAcademic® will include a Likert scale of: Needs Improvement, Satisfactory Progress and Achieved.

- **Achieved (ACH)** is earned for an objective if the resident has mastered the skill and requires minimal to no supervision by the preceptor in assigned area. In patient care settings, the resident's practice is deemed safe and effective with minimal to no revision needed on formulated assessment and recommendation. The resident can provide accurate teach back to the preceptor and/or demonstrate accurate patient education/training as applicable. A goal may be marked as achieved if the resident achieves all objectives. Should all objectives not be evaluated on the preceptor's rotation, the corresponding goal should be marked as satisfactory progress.
 - ACH should be awarded if
 - Resident has met all the requirements deemed in the learning experience description at a satisfactory progress level and is able to complete these tasks and more
 - Fully accomplished the ability to perform goal/objective
 - Requires assistance to complete the goal/objective rarely (approximately < 10% of instances)
 - If ACH is given for a rotation, the resident must be able to demonstrate that they have mastered and can perform this task independently
 - A **goal** can be marked as achieved for a given learning experience if ≥80% of its objectives are "Achieved". The remainder of the objectives **must** be marked as satisfactory progress. No needs improvement should be marked.
- **Satisfactory progress (SP)** is earned if the resident is on the learning curve, but still needs further experience requiring evaluation for an objective. Should an objective be marked satisfactory progress, the corresponding goal should also be marked as satisfactory progress
 - Each learning experience description contains specific information for a resident to achieve satisfactory progress in each of their learning experience.
 - SP should be awarded if
 - Resident demonstrates knowledge/skills in this area that are progressing at a rate that will result in full mastery by the end of the program
 - Improvement is evident throughout the learning experience
 - Requires assistance to complete goals/objectives sometimes (approximately 10-30% of instances), otherwise can work independently
 - Meets the specified requirements for each learning experience as described
- **Needs Improvement (NI)** is used for areas that the resident is behind the expected learning curve. All objectives marked as needs improvement should also contain comments that include suggestions for improvement. Should an objective be marked as needs improvement, the corresponding goal should also be marked as needs improvement
 - NI should be awarded if
 - Resident fails to meet the pre-determined criteria in the learning experience listed for satisfactory progress Any unprofessional behavior was noted
 - Resident unable to complete assignments on time and/or required significant preceptor oversight
 - Unable to ask appropriate questions to supplement learning
 - Requires assistance to complete goals/objectives often (approximately > 30% of instances)

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- **Not Applicable (NA)** should ONLY be used if there was a change to the learning experience that did not allow for this objective or goal to be reviewed. Please discuss with the RPD prior to marking a goal/objective as NA.
- **Achieved for Residency** is awarded if residents have sufficiently demonstrated that they no longer require having a goal evaluated in future learning experiences for the remainder of the residency year. This is awarded by the residency program director as a part of the customized training plan assessed on a quarterly basis when it has been determined if the resident has demonstrated consistency between rotation evaluations of goals and objectives. This means that the resident can consistently perform the task or has fully mastered the goal for the level of residency training to date and performed this task consistently in various rotation experiences. At such time, the RPD can mark the resident as “achieved for the residency”. This means that the resident will no longer be evaluated on this goal, but that any preceptor can provide additional feedback as necessary.

FREQUENCY

- Rotational learning experiences are typically 4-8 weeks in length. At the end of each rotational learning experience, the resident must complete a **Preceptor/Learning Experience Evaluation** and a **Midpoint Evaluation**. It is the resident’s responsibility to ensure that each learning experience preceptor completes a **Summative Evaluation** of the resident and that all evaluations are reviewed with the learning experience preceptor on the last day of the learning experience.
- Extended learning experiences are those that are typically 8-16 weeks in length. Like rotational learning experiences, the resident must complete a **Preceptor/Learning Experience Evaluation**. The resident must ensure that the preceptor for the extended learning experience completes a **Summative Evaluation** of the resident's performance and that all evaluations are reviewed between the resident and preceptor on the last day of the learning experience.
- Longitudinal learning experiences are those lasting the entire year (52 weeks) and include activities that necessitate repeated practice to become competent or cannot be completed in less than a year's time. **Summative Evaluations** (resident self-evaluation and preceptor's evaluation of the resident) will be completed at least quarterly. It is the resident's responsibility to make sure these evaluations are completed by the dates specified in PharmAcademic® and that the information is shared between him/herself and the preceptor. At the end of the year, the resident will complete a **Preceptor/Learning Experience Evaluation** and ensure that final **Summative Evaluations** from the resident and the preceptor are finished by the due date.
- Concentrated learning experiences are those that occur once in the program and may not be seen again until the next year. Orientation is an example of concentrated learning experiences.
- **On-demand feedback** is to be completed at the time the assessed activity takes place and are done only to reflect a specific moment when formative feedback is provided to the resident. The RPD will meet with each resident on a quarterly basis to review and update the resident's quarterly development plan.

ONGOING EVALUATION

Pharmacy is an evolving profession. ASHP standards, residency program structure, and facility policies and procedures may change during residency year. The residency program is a continuous development program. Practical and constructive feedback, adaptability, and team effort are encouraged to advance pharmacy practice and foster a learning environment.

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RESIDENT RESPONSIBILITIES

Residents will actively participate in the provision of pharmaceutical care, the decision-making process of providing patient services, and will attain the knowledge, skills, and understanding to complete these activities. The resident's assignments, rotations, and other planned activities will contribute to the resident's management of priorities, time, resources, and activities external to the residency.

The resident will be expected to:

- Follow all VASNHS policies and procedures
 - Perform within guidelines provided by the VASNHS and Pharmacy Service's policies and procedures
- Obtain BLS certification **prior to the start** of the residency and maintain active status for the duration of the residency program
- Obtain registered pharmacist licensure in any state and apply for National Provider Identifier (NPI) by **October 31st** of the residency year
- Be in prompt attendance for all assigned learning experiences, scheduled meetings, conferences, and seminars
 - Return to assigned LE duty station immediately upon completion or cancellation of any meetings/conferences/seminars/training session
- Alert RPD & VA Police (both on site and at 13333) when staying at a PCC past 430pm
- Adhere to professional dress code. Always dress in professional attire with closed-toe shoes; no casual, revealing, or inappropriate attire and paraphernalia
- Always wear VA identification badge so that it is easily visible to others
- Always log off computer and lock up patient sensitive information when away from workstation
- Work with co-residents if needing to change weekend service commitment requirement days & alert inpatient/outpatient supervisor
- Take accountability and ownership of all assignments and deadlines
 - Complete all assignments and projects as defined by the preceptors and RPD by the set deadlines or notify the individual who assigned the activities about the inability to meet the deadline so that an alternative plan can be made well in advance of the original due date
- Notify each learning experience preceptor(s) 1 week in advance of each learning experience and complete the initial LE evaluation in PharmAcademic®
- Solicit constructive verbal and documented feedback from preceptors prior to the completion of each learning experience
- Provide learning experience, summative, and preceptor evaluations at the completion of each assigned learning experience
 - PharmAcademic® evaluations must be completed before discussing final evaluation with the preceptor
- Summarize all pertinent information and send email to co-residents, RPD, and applicable individuals at the end of every meeting or discussion. This helps to ensure that a clear and consistent message is provided to all applicable individuals and communication is effectively maintained
- Notify the RPD and preceptor(s) of any absence in accordance to leave policy as outlined the residency manual
- Submit all leave requests to the RPD as soon as possible or at least 30 days in advance of planned leave
- Complete all residency requirements within the residency year

Pharmacy Residency "Chain of Command"

Conflict in the workplace is very common and needs to be dealt with in a healthy, productive fashion. When conflicts go unaddressed, they can have a negative impact on productivity and teamwork. Because of this, conflict resolution is a necessary component of the workplace. Successful conflict resolution requires a mature, non-confrontational approach and should always begin with the involved parties. If the resident is unable to resolve a conflict with the involved party,

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the residency chain of command should be employed to effectively communicate and resolve conflicts that may arise during the residency year. It is the resident's responsibility to explain, understand, and utilize the appropriate chain of command within the department. The residency chain of command generally consists of:

1. Preceptor
2. Residency Program Director
3. Chief of Pharmacy
4. National Director of Pharmacy Residency Programs and Education
Lori Golterman, PharmD
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(202)641-4059

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RESIDENCY LEARNING EXPERIENCES AND SAMPLE SCHEDULE

Required Learning Experiences – 4-6 weeks in duration

- Anticoagulation
- Home Based Primary Care
- Infectious Disease
- Inpatient
- Management Administration
- Outpatient Mental Health OR Pain (Resident to choose one)
- Patient Aligned Care Team (PACT)

Required Extended Learning Experiences

- Chief Resident – 4 months in duration

Required Longitudinal Learning Experiences – 52 weeks in duration

- Research Project

Elective Learning Experiences (resident completes three) – 4 weeks in duration*

- Academic Detailing
- Anticoagulation Population Management
- Antimicrobial Stewardship
- Inpatient Mental Health
- Oncology
- Outpatient Mental Health
- PACT Precepting/Population Management*(8 weeks in length)
- PACT Population Management
- Pain
- Pharmacoeconomics
- USP (Compounding/Hazardous Drug)
- Others may be determined on a case-by-case basis based on resident interests and preceptor availability
 - If requesting an elective not yet developed or with a non-pharmacist preceptor, advance noticed needs to be given to assess for availability

Sample schedule:

	Start Date	End Date	Status	Learning Experience	Preceptor(s)	
Edit	7/1/2017	6/30/2018	Current	Admin (Longitudinal)	Jules Burian*	
Edit	7/1/2017	6/30/2018	Current	Duty Hours (Residency and Moonlighting)	Dr. Roseann Visconti*	
Edit	7/1/2017	6/30/2018	Current	Home-Based Primary Care	Monika De Leon*	
Edit	7/1/2017	6/30/2018	Current	Prior Authorization Drug Requests	Jules Burian*	
Edit	7/1/2017	6/30/2018	Current	Residency Research Project	Dr. Ted J. Turner*	
Edit	7/3/2017	7/21/2017	Completed	Orientation	Dr. Roseann Visconti*	
Edit	7/24/2017	9/1/2017	Completed	Patient Aligned Care Team (PACT)	Dr. Khenh Vong*	
Edit	9/4/2017	10/13/2017	Completed	Inpatient I	Eileen Rendon*	
Edit	9/9/2017	9/10/2017	Completed	NVSH: Pharmacy Residency Workshop/Showcase		Remove
Edit	10/16/2017	10/20/2017	Completed	Service Commitment	Dr. HyoJu Kim*	
Edit	10/21/2017	6/30/2018	Current	Service Commitment	Dr. Richard J. Wiest*	
Edit	10/23/2017	11/30/2017	Completed	Inpatient - Antimicrobial Stewardship	Dr. Ashfaq Shafiq*	
Edit	12/3/2017	12/7/2017	Completed	ASHP Midyear Clinical Meeting		Remove
Edit	12/4/2017	1/11/2018	Completed	Management Administration	Dr. Roseann Visconti*	
Edit	1/15/2018	2/23/2018	Completed	Outpatient Mental Health	Danielle Chipchura*	
Edit	2/26/2018	4/5/2018	Completed	Anticoagulation	Dr. Lisa Wang*	
Edit	2/26/2018	6/29/2018	Current	Chief Resident	Dr. William Kuykendall, Dr. Roseann Visconti*	
Edit	4/9/2018	5/17/2018	Current	Inpatient Mental Health (Elective)	Amy Butz*	
Edit	5/21/2018	5/24/2018	Upcoming	Southern California Residency Conference		Remove

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FORMAL ORAL PRESENTATIONS

Overview:

Residents will be presenting on each learning experience an assigned type of presentation. The presentation types will include journal club, patient case and guideline update review. There may also be nursing in-service presentations and any ad-hoc formal presentations as requested by preceptor, residency program director (RPD), Chief or Associate Chief of Pharmacy in addition.

When:

Learning experience presentations will be dispersed ideally within the middle of the learning experience during 12pm to 1pm time block. The resident shall work with the preceptor to schedule the presentations for the learning experience on the 1st day of rotation.

Where:

The resident will present all formal oral presentations using video conferencing software. Preceptors can also require any presentations to be given in person, with conference rooms that will need to be reserved.

Presentations:

- **Journal Club:** (2 must be completed within the required learning experiences)
 - 15-20-minute presentation
 - Must be published **within 1 year of presentation date** and involve a medication
 - The resident should present background information that is relevant to the topic, summarize different sections of the study (methods, results, etc.), critique each section of the article and provide the clinical implication of the article to current practice
 - Will need to cite guidelines and/or primary literature sources
 - Need to prepare a handout (2 page single-sided maximum length)
 - Types of Journal Articles which are Acceptable
 - Randomized, double-blind, placebo-controlled, multi-center trial (if possible)
 - Case-control study
 - Cohort-control study
 - Cross-sectional study
 - Types of Journal Articles which are Unacceptable
 - Meta-analysis
 - Case study/series
 - Review article
- **Patient Case:** (2 must be completed within the required learning experiences)
 - 20-25-minute presentation, including a brief review of literature and/or practice guidelines
 - The resident may choose a clinical pearl, clinical program pearl or complicated/unique patient case
 - According to Lorin M, et al., What is a clinical pearl and what is its role in medical education: “Clinical pearls are best defined as small bits of free standing, clinically relevant information based on experience or observation. They are part of the vast domain of experience-based medicine, and can be helpful in dealing with clinical problems for which controlled data do not exist”
 - The resident should present background information that is relevant to the topic, discuss literature pertinent to the topic and make appropriate conclusions and/or recommendations
 - Resident & Preceptor will discuss what pertinent disease states are to be included to have a full assessment and plan for the patient

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- Need to present 2 primary literature sources within the presentation pertinent to the main topic of discussion
- **Guideline Review:** (1 must be completed within the required learning experiences)
 - 20-25-minute presentation
 - Presentation for guideline review
 - Can select newly updated guideline to compare and contrast
 - Need to include at least 2 primary literature sources to discuss that lead to changes in guideline recommendations
 - i.e. Recommend periodic checking of vitamin B12 levels if patient is on metformin due to new association with vitamin B12 deficiency based on a report from the Diabetes Prevention Program Outcomes Study DPPOS.
 - Aroda VR, Edelstein SL, Goldberg RB, et al.; Diabetes Prevention Program Research Group. Long-term metformin use and vitamin B12 deficiency in the Diabetes Prevention Program Outcomes Study. J Clin Endocrinol Metab 2016;101:1754–1761
 - Go over the summary of the clinical study like how the study was designed, statistics, etc.
- **In-services:**
 - 15-minute presentation
 - The topic is chosen in advance based on requests from nursing staff and/or the needs of the facility
 - The resident should present appropriate information for a nursing team and include background information that is relevant to the topic, make appropriate conclusions and/or recommendations

Items due from speakers:

The following items are due from speakers in advance of the presentation

- Due **7 days** in advance
 - Draft of PowerPoint slides/handout to preceptor
 - Draft sent to co-residents for peer review (highly encouraged)
 - **For Journal Club: update calendar invites with journal club article**
 - **You want the audience to have access to the article before you present so they can read it**
- Due **1 day** in advance
 - Upload presentation materials on calendar invite (i.e. presentation slides)

Other Requirements/Expectations:

- **Residents must attend each other's learning experience presentations.** Only exceptions should occur when resident is off site or preceptor has arranged for other meeting during same time.
- Presentation and evaluation form must be sent out to all participants in via video conference

Evaluations:

- The learning experience preceptor will review all evaluations and discuss them with the resident following the presentation. If the learning experience preceptor and the RPD determine that the presentation is poor and

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does not meet presentation requirements, then the resident will give the presentation again for a selected group.

- Grading rubrics have been developed for each type of presentation
 - Evaluations will be utilizing the following parameters for assessment
 - MC (Meets Criteria): Good, skill requires minimal improvement
 - NI (Needs improvement)
 - NA (Not applicable): Cannot assess
 - Audience residency preceptors will fill out a grading evaluation, at the end of the evaluation, they will assess if resident successfully passed or failed the presentation
 - Two or more FAIL determinations will result with the resident being asked to re-present.
 - Unanswered questions during the presentation must be answered in writing post presentation within 48 hours and sent out to the audience with appropriate references. This will need to be approved by the resident's primary preceptor before dissemination.
- Summary of information from presentations will be documented in PharmAcademic using the on-demand feedback button by the preceptor.

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RESIDENCY COMPLETION AND CERTIFICATION

The ASHP Accreditation Standards for a PGY1 Pharmacy Residency requires a minimum of one-year, full-time practice commitment or equivalent for the resident. In view of this minimum requirement, all residents must participate in the residency for a 12-month period with allowable annual, sick, and authorized leave. Any deviation from this participation must be reviewed and approved in advance by members of the RAC and Chief of Pharmacy.

VASNHS residents will start on on/around July 1st and end on/around June 30th the following year. Start and end dates may change (e.g., holidays, weekends, etc.). Upon successful completion of all program requirements (see below) and compliance with all conditions of the residency program, the resident shall be awarded a certificate indicating successful completion of the ASHP Accredited PGY1 Pharmacy Residency Program. Residents who fail to complete all program requirements and comply with all conditions of the residency program shall not be awarded a certificate of the residency program.

CHECKLIST FOR COMPLETION OF PGY1 PHARMACY RESIDENCY PROGRAM

- ☐ Meet all ASHP PGY1 residency requirements, which include achieving all the required competency areas, goals, and objectives
 - The following objectives must be marked as “Achieved for Residency” in PharmAcademic® as defined by residency manual
 - Goal R 1.1, Objectives R 3.2.4, R 4.1.1, R 4.1.2 and R 4.1.3
 - All other evaluated goals and objectives may be marked as “Satisfactory Progress” in PharmAcademic® as defined by residency manual
- ☐ Successful completion of all learning experiences. If a learning experience is not satisfactorily completed, appropriate remedial work must be completed as determined by the preceptors and residency program director
 - One needs improvement in any learning experience may lead to an unsatisfactory performance evaluation. Upon receipt of PharmAcademic® evaluations, RPD will discuss with preceptor(s) and the resident jointly or separately for further evaluation of the resident’s performance. After the discussion, the RPD will inform the resident of the outcome of the learning experience both verbally and in writing.
- ☐ Successful completion of a minimum of 22 inpatient/outpatient service commitment (staffing) requirements (variable days and shifts: weekdays, weekends, and holidays included), defined as being able to function independently and manage the needs of VASNHS staff throughout the shift with minimal to no supervision. Feedback given throughout the year by inpatient/outpatient supervisor
- ☐ Successful completion of all assignments and projects as defined by the preceptors and residency program director. This includes, but is not limited to:
 - Research project and formal manuscript
 - Completion of a residency project and a manuscript written in a format suitable for publication with all the required forms prepared for submission to a publisher and submit to a publisher
 - Attendance and formal presentation at ASHP Midyear Clinical Meeting (poster) and VISN Conference (platform) or Western States Conference (platform)
 - All research-related paperwork, data, etc. should be posted on the **Pharmacy Research shared folder** \\r01lashsm01.r01.med.va.gov\\LAS_Services\\Pharmacy Research
 - Research closeout form and updated abstract should be completed and submitted to research department
 - A copy should be posted on the Pharmacy Research Folder
 - Research manuscript should be completed and approved by research preceptor(s)
 - A copy should be provided to RPD and posted on the Pharmacy Research Folder
 - Presentations

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- Patient case, journal club, guideline review, continuing education, and other pharmacy/nursing/medical in-services as assigned
 - Minimum of one presentation per required learning experiences
 - Active participation when others (e.g., co-residents, preceptors, other healthcare professionals) present
- Patient education as requested: diabetes, pain management, women's health, weight management program, and others as assigned
- Drug Information (DI)
 - Minimum of one formal written DI response per learning experience where documented and any additional as assigned
- ☐ Completion of all evaluations in PharmAcademic® with adequate narrative and constructive feedback
 - Evaluations must be completed by the due date as assigned for each learning experience in PharmAcademic®
- ☐ Compliance with all institutional and departmental policies
- ☐ Maintain respectful and professional conduct with patients and staff members
- ☐ Transfer all items from **personal (U) drive** to **Pharmacy Residency Program shared folder** \\r01lashsm01.r01.med.va.gov\\LAS_Services\\Pharmacy Residency Program on the last week of residency
- ☐ Completion and submission of Residency Exit Survey
 - National Survey
 - VASNHS Education Survey
 - Pharmacy Survey
- ☐ Completion of all view alerts in VistA/CPRS
- ☐ Set up CPRS surrogate to forward all future view alerts to RPD
- ☐ Completion of all Clearance Forms and Employee's Records Clearance signed by RPD
 - PowerPoint presentation on clearing from Education found in Residency Folder on S: Drive

Resident Name: _____

Resident Signature: _____

Date: _____

RPD Name: _____

RPD Signature: _____

Date: _____

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RESIDENCY PROJECT

The intent of the residency project is to provide the resident with the opportunity to develop the skills and processes necessary to perform research. Completing the project requires formulating a question, creating a study design, conducting a literature search, obtaining Institutional Review Board (IRB) approval if appropriate, conducting the actual study, interpreting the study data, and presenting the results. This project may take a year to complete and culminates in the final presentation being given at the Southern California Residency Conference or Western States Conference.

Each resident is required to complete a residency project and write a manuscript that is suitable for publication. The project will involve collection and analysis of either prospective or retrospective patient data. Literature reviews will not be acceptable. Any resident research project intended for publication requires an approval by the IRB and/or Privacy Officer.

If the residency project manuscript is not completed at the end of the residency, the resident must provide written explanation to the RAC and request for a deadline extension. The resident must propose a deadline that is not to exceed 6 months (December 31st). The RAC will review the request on a case-by-case basis. If the deadline extension is granted, the resident should have no more than 6 months (December 31st) to complete the manuscript. Issuance of the residency certificate will be placed on hold until all residency requirements as outline above are met. If the resident is unable to furnish the required manuscript by the new deadline, the residency training will be deemed incomplete and the residency certificate cannot be issued.

GOAL

To provide the resident with the experience in research design, methodology, data collection, analysis, presentation, and manuscript development.

RESPONSIBILITIES OF THE RESIDENCY ADVISORY COMMITTEE (RAC)

- Establishes the process, timetable, and deadlines by which residency research projects are summoned, submitted, reviewed, approved, and presented to incoming pharmacy residents
- Acts as facilitator, through the RPD, for all submitted research ideas and proposals from all sources, including residents, staff, and RPD
- Determines survey for research ideas which will be distributed to and completed by all incoming pharmacy residents prior to the start of the residency program. The survey for research ideas will be reviewed by the RAC
- Facilitates the evaluation of any submitted research ideas not provided as a complete proposal for feasibility determination. All viable resident research project ideas, regardless of source, will be returned to the originator with a request to submit a complete proposal to the RAC
- Research Coordinator acts as liaison between the RAC and resident research project preceptors to inform them of their proposal status (approved, pending, or not approved)
- Research Coordinator is encouraged, but not mandated, to participate in research
- Develops and submits a list of approved potential residency projects and their associated preceptors
- Provides a forum in which project preceptors can present potential or ongoing research projects on which residents could participate
- Reviews project proposals in terms of study hypothesis, design and methodology, potential contribution to the literature, and feasibility given the residency time constraints. Based on the written proposal, provide the resident and preceptor with constructive criticism, advice and assistance to improve the project proposal
- Monitors the ongoing progress of the resident projects. Assists the residents in preparation for the ASHP Midyear Clinical Meeting and VISN Conference or Western States Conference by coordinating and participating in the practice sessions for each resident in advance of the conference

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- Research Coordinator acts as a consultant to residents and research preceptors for any matters related or pertinent to IRB processes and approval

RESPONSIBILITIES OF THE RESEARCH PRECEPTOR

All research proposals will be reviewed and approved by the RAC and will include designation of a qualified research preceptor for each project. The research preceptor will be assigned to each resident as a primary investigator. The research preceptor responsibilities include:

- Complete required Collaborative Institutional Training Initiative (CITI) training prior to participating in any research project, if required
- Submit potential projects or ideas when the call for projects is made by the RAC
- Advise the resident in defining a project that will be completed within the residency year
- Assist the resident in developing the research protocol including study hypothesis, study design, methodology, and analysis
- Assist the resident in obtaining any approvals (e.g., Research & Development (R&D), P&T, IRB, Systems Redesign) if necessary
- Assume responsibility as the VA Principal Investigator (PI) for the protocol
- Ensure that the project is developed appropriately, data is collected and analyzed, and ensure compliance with the established timelines
- Coordinate research resources for statistical review and advise in the protocol design, analysis, and power determination
- Meet regularly with the resident(s) being precepted
- Guide the resident on data collection, data analysis, and summary of results
- Review and critique the abstract and manuscripts that result from the project
- Attend the RAC meetings with the resident at which the project is being reviewed
- Residency research project preceptors must have experience with at least one research project to qualify as a primary research preceptor, only those with more research experience may participate in two projects at the same time.

RESPONSIBILITIES OF THE RESIDENT

The VASNHS PGY1 Pharmacy Residency Program requires the resident to complete a research project and a written manuscript that is suitable for publication for successful completion of the residency program.

All research proposals originated by the pharmacy resident will be reviewed and approved by the RAC and will include designation of a qualified research preceptor for each project.

The following are the sole responsibilities of the resident and need to be achieved prior to being presented a residency certificate and recognized by the department for successful completion. Failure to do so will be reflected in resident's personnel file on a temporary basis (6 months) until all requirements have been completed. If all requirements are not completed within 6 months of the end of the residency year, this will be reflected permanently in resident's personnel file:

- To identify and select a project and project preceptor by the established timetable deadline
- To complete all research related training as required by the facility
- To be proactive in all aspects of the project which are determined with resident and project preceptor
- To obtain IRB approval, if necessary, to periodically update the RAC on the progress of the project, and to complete the project according to the established timetable
- To submit written protocol (conforming to the Committee on Investigations Involving Human Subjects) according to the established timetable deadlines. If the project is part of an existing protocol, the resident must

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submit a separate written statement explaining his or her role in the project and an update of any work completed to date

- To verbally summarize the proposal to the RAC. The presentation should demonstrate that the resident has a thorough understanding of all components of the proposal, including his or her role
- To present project at the ASHP Midyear Clinical Meeting in poster format and at VISN Conference or Western State Conference in platform presentation format
- To complete a formal manuscript of the project according to the established timetable. The manuscript will be structured and formatted according to the publisher's manuscript guide and requirements
- To submit (with project preceptor and RPD approval) an abstract for presentation of the project at state and/or national pharmacy meetings

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PROFESSIONAL MEETINGS/CONFERENCES

GUIDELINES FOR MEETING ATTENDANCE, LEAVE, EXPENSES, REIMBURSEMENT, AND PARTICIPATION

Professional meetings and conferences (e.g., ASHP Midyear Clinical Meeting, VISN Conference, Western States Conference, etc.) offer great opportunities for residents to share and expand their knowledge of pharmacy, enhance their clinical skills, and network with colleagues. To encourage this camaraderie and to delineate both the residents' and preceptors' participation and responsibilities, the VA Southern Nevada Healthcare System provides the following guidelines for attendance, leave, reimbursement, and participation.

ATTENDANCE

Residents are required to attend all approved professional meetings and conferences and present their research projects.

LEAVE

In advance of the approved meetings or conferences, residents, RPD, and residency preceptors will request authorized absence (AA) for the weekdays of the meetings or conferences (e.g., Monday – Friday). AA for more than one day is at the discretion of the facility director and may not be approved. If not approved, AL will need to be used. Authorized absence will not be available for weekend days included in the meetings or conferences. Should participants wish to extend their trip beyond the meeting dates, personal leave (AL) should be requested and approved in advance.

EXPENSES

When possible, the resident registration fee and travel will be arranged per VA guidance by the facility. Resident must submit request for travel authorization and tuition reimbursement in advance per guidelines. Final approval must be received prior to travel or attendance of conference. **Resident must place tuition and travel requests at least 60 days prior to the early-bird registration deadline.** Hotel and transportation accommodations will be made by the resident upon approval and submit expense receipts for full reimbursement by the fiscal department **upon return**. All arrangements shall be placed in resident name to ensure proper reimbursement from the facility. Resident will also be provided funding at preset government rate for meals during approved attendance days at the conference. For proper funding and reimbursements, resident must follow facility rules, submit expense receipts, and complete all required paperwork pre- and post-conferences. However, travel expenses and reimbursement are not guaranteed, and resident may need to pay out of pocket for all expenses incurred.

PARTICIPATION

All residents will attend the meetings or conferences in its entirety. All residents and RPD or designee will attend the presentations of all VA Southern Nevada Healthcare System residents. Residents are required to take advantage of the Continuing Education (CE) programs offered throughout the meeting to advance their clinical skills and widen their knowledge. A minimum of 10 CE units are required unless otherwise instructed. Official certificates of CE program attendance are required for travel fund reimbursements.

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FORMAL PROCESS FOR SELECTION OF RESIDENCY CANDIDATES

PROCESS

VASNHS residency program recruitment is a stepwise process. It starts with recruitment at local college of pharmacy and at the ASHP Midyear meeting, application submission, prescreening, on-site interview, and finally ranking the candidates. At any time during the interview process, the RPD reserves the right to determine the final interview of the candidates as well as the final rank order.

Recruitment

- Update program website: http://www.lasvegas.va.gov/pharmacy/Pharmacy_Residency_Program.asp
- Participate in Career Fair (if applicable) and Meet the Preceptor night at local college of pharmacy
- Provide residency brochure and information at the residency showcase

Application

- Applications are submitted via PhORCAS
- Application deadline is late December
- Qualified applicant must:
 - Have Pharm.D. degree from ACPE accredited College of Pharmacy
 - Have proof of U.S. Citizenship or naturalization
 - Participate in an interview
 - Participate in the ASHP Residency Matching Program
- Application is considered complete if:
 - It includes completed application form, curriculum vitae, three letters of recommendation (at least one from APPE preceptor) using the standardized letter in PhORCAS, letter of intent, and official transcripts
 - Letter of intent must include specific requirements as set forth by the RAC
 - All required documents are submitted by due date

Prescreening

- All applications are shared through PhORCAS
- Under RPD's supervision, all applications are screened by current residents using a standard prescreening tool. Points are assigned to each applicant based on academic achievement, experience, and review of letters of recommendation, letter of intent and curriculum vitae
- Applicants with an average score within the 75th percentile are offered an interview after discussion of candidates with the RAC
 - The RAC will meet no later than 2 weeks after the due date of all applications to discuss candidates. During this discussion, the RAC may decide not to offer an interview to a candidate based upon discussion. Brief notes will be kept describing the reason for adjustment of the interview rank.
- Applicants not qualified for interview are notified via email

Interview

- If an applicant qualifies for an interview, an e-mail is sent to him/her with date and time for the interview, no later than three weeks before the set interview dates
- In case an applicant cannot be available for an interview during available interview blocks, interview is offered to next ranked applicant
- Interview is about 3 hours in length and the interview panel consists of RPD, residency preceptors and current residents
- Interview may consist of:

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- Brief presentation prepared in advance by the candidate on a topic of his/her choice (non-pharmacy related)
- Patient case
- Performance based interviews

Ranking Applicants

- Based on the applicant performance during on-site interview, each panelist ranks each applicant
- All applicant rank is then averaged to determine a cumulative rank
- In case an applicant is considered not a good fit for the program by majority of panelists, he/she is removed from the cumulative rank
 - Brief notes will be kept describing the reason for adjustment of the final rank
- The cumulative rank is discussed and deliberated by the entire panel to decide a final rank which is then entered into the match

PHASE II MATCH & SCRAMBLE

VASNHS residency program will participate in both the phase II match and the scramble if unable to match with candidates during Phase I. During this time, candidates' applications will be reviewed following the same process listed above. Interviews will likely occur via telephone for both Phase II and the scramble, following the same process listed above.

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RESIDENT GRIEVANCES

PURPOSE

The residency program is designed in the belief that problems are best resolved through face-to-face interaction between the resident and preceptor (or other staff) as part of building on-going professional and working relationships. Residents are encouraged to first discuss any problems or concerns with their preceptor or RPD. In turn, preceptors are expected to be receptive to complaints, attempt to develop a solution with the resident, and to seek appropriate consultation. If these discussions do not produce a satisfactory resolution of the concern, the following processes are available to the resident:

INFORMAL MEDIATION

Either party may request the RPD to act as a mediator, or to help in selecting a mediator who is a neutral party and is an individual with whom both the resident and the preceptor is comfortable handling the mediation. Such mediation may facilitate a satisfactory resolution through continued discussion. Alternatively, mediation may result in recommended changes to the learning environment, or a recommendation that the resident change learning experiences (or make some other alteration in their learning goals and objectives) to maximize his or her learning experience.

FORMAL GRIEVANCES

If informal avenues of resolution are not successful, or in the event of a serious grievance, the resident may initiate a formal grievance process by sending a written request for intervention to the RPD.

- If the grievance involves any voting member of the RAC, that member will excuse him/herself from participating in the review process to avoid a conflict of interest. A grievance involving the RPD may be submitted to the RPC, or Chief of Pharmacy or designee for review and resolution in consultation with the RAC. The RPC, Chief of Pharmacy or designee will follow the same policies and procedures as stated below.
- The RPD will notify the Chief of Pharmacy or designee about the request for formal intervention and the RAC will meet to review the issue.
- The resident and/or other party involved will be notified of a date, time, and place for case review and given the opportunity to provide the RAC with any information and documentation regarding the situation.
- Based upon findings obtained through review of all relevant information, the RAC will determine the course of action which best promotes the resident's continued learning and professional career. This may include recommended changes within a particular learning experience, a change in preceptor assignment, or a change in scheduled learning experiences.
- The resident will be informed in writing of the RAC's final decision and will indicate whether he/she accepts or disputes the decision. If the resident accepts the decision, the recommendations will be implemented. If the resident disagrees with the decision, the resident may appeal to the Chief of Pharmacy or designee. The Chief of Pharmacy or designee will render the appeal decision, which will be communicated to all involved parties and to the RAC in writing.
- Any findings resulting from a review of a grievance that involves unethical, inappropriate, or unlawful conduct will be submitted to the Chief of Pharmacy or designee and can result in either disciplinary action or dismissal from the program.

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DISCIPLINARY ACTIONS AND DISMISSAL POLICY

PURPOSE

To establish a policy and procedures related to need for disciplinary action and procedures for placing a pharmacy resident on a probationary status or dismissing him/her from the program.

POLICY

A pharmacy resident may be placed on probation, dismissed, or voluntarily withdraw from the program should there be evidence of inability to function effectively or put patients at risk. Examples which would require action are listed, but are not limited to the following:

- Unprofessional conduct
- Unacceptable performance
- Unsatisfactory attendance
- Theft of government property
- Mental impairment caused by mental disorder or substance abuse
- Failure to pass licensure exam by October 31st of residency year
- Failure to follow VASNHS policies or procedures

UNACCEPTABLE CONDUCT

- Includes but not limited to:
 - Patient abuse
 - Possession of a firearm, explosive or other weapon on station
 - Possession of illicit drugs or alcohol on government property
 - Providing false information on application or during an official investigation
 - Abandonment of duty
 - Violating VA Medical Center policies and procedures
 - Violating ethics or laws of pharmacy practice
- Unacceptable conduct by a resident should be brought to the attention of the RPD in writing. Any person who observes such behavior, whether staff or resident, has the responsibility to report the incident.
- Infractions of a very minor nature may be addressed by the RPD, the preceptor, and the resident. A written record of the complaint and action will become a permanent part of the resident's file.
- Any significant infraction or repeated minor infractions must be documented in writing and submitted to the RPD, who will notify the resident of the complaint. Per the procedures stated in this policy, the RPD will call a RAC meeting to review the concerns, after providing notification to all involved parties. All involved parties will be encouraged to submit any relevant information that bears on the issue, and they will be required to attend the RAC meeting(s), if appropriate.
- In case of illegal or unethical behavior in the performance of patient care duties, the RPD may seek advisement from appropriate VASNHS resources, including Risk Management and/or Regional Counsel.
- Following a careful review of the case, the RAC may recommend no action, probation or dismissal of the resident. Recommendation of a probationary period or termination shall include the notice, hearing and appeal procedures described in this section. A violation of the probationary contract would necessitate the termination of the resident's appointment at VASNHS.

UNACCEPTABLE PERFORMANCE

- If a resident fails to meet the requirements of the residency program as established by the ASHP Accreditation Standards for PGY1 Pharmacy Residency Programs and requirements set forth in the VASNHS manual, disciplinary action may be taken.

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- One needs improvement in any learning experience may lead to an unsatisfactory performance evaluation. Upon receipt of PharmAcademic® evaluations, RPD will discuss with preceptor(s) and the resident jointly or separately for further evaluation of the resident's performance. After the discussion, the RPD will inform the resident of the outcome of the learning experience both verbally and in writing.
- This includes but not limited to:
 - Repetitive failure to complete assignments or retains information
 - Can be defined as greater than 2 needs improvement in the same goal/objective per PharmAcademic®
 - Unexcused tardiness for clinical assignments
 - Providing false information on evaluation forms
 - Failure to complete evaluation forms as scheduled
 - Failure to make adequate progress in development of skills necessary for clinical pharmacy practice within the context of learning experiences

RESPONSIBILITY

- The preceptor will be responsible for:
 - Documenting unsatisfactory performance of a pharmacy resident in writing and review with the resident and RPD
 - Documenting in writing any unethical or unprofessional behavior that would warrant formal counseling or disciplinary action
 - Documenting in writing any actions the resident may have taken that risk a patient's health or causes endangerment to any patient or personnel
- The RPD will:
 - Work with the preceptor to counsel the resident at the time of the first instance of unsatisfactory performance
 - Call a special disciplinary RAC meeting to review the documentation provided by the preceptor or any other significant documentation that pertains to the cases
 - Notify the resident verbally and in writing, after the second instance of unsatisfactory performance, of their probationary status
 - Notify the resident verbally and in writing of dismissal, upon receipt of the RAC's recommendation
- The RAC will:
 - Recommend based upon the evidence provided that the resident be placed on probation, dismissed, or that no action be taken
 - Determine if the deficit or problem is critical that it could prevent the resident from fulfilling all program requirements, and thereby, not receive credit for the residency
 - Consider if the resident must participate in a particular learning experiences or may issue guidelines for the type of experiences the resident should undertake in order to remedy such a deficit
 - Seek the concurrence of the Chief of Pharmacy or designee on recommendations

PROCEDURE

- The resident preceptor will provide the RPD with a written evaluation and documentation of any unacceptable performance or actions. The resident will receive counseling and assistance on how to improve performance. The first unsatisfactory appraisal may not result in probation. A note stating that verbal counseling has been given will be placed in the resident's file (either as a physical copy or electronically within PharmAcademic®)
- Upon receipt of a second unsatisfactory evaluation or evidence of unprofessional conduct or actions, the RPD will call an immediate RAC meeting to determine appropriate action. Action may be placing the resident on probation for ninety days, additional counseling and/or additional activities will be suggested. These actions must receive the approval of the Chief of Pharmacy or designee.

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- If the resident continues to exhibit unacceptable professional behavior, is in continued violation of VA Medical Center policy, or fails to adhere to the residency requirements, the RPD can recommend that the resident be restricted from certain activities or additional activities can be given as corrective action.
- Actions that the RAC deems necessary will be communicated to the resident both verbally and in writing by the RPD within 24 working hours.
- If a resident is late to work more than one time without notice, the resident may be considered absent without leave and a pay reduction will be assessed for the time missed.
- Failure to become a licensed pharmacist by October 31st will be grounds for dismissal without prior written approval by the Chief of Pharmacy.
- At any time, a resident may submit a 14-day notice of resignation to the RPD. An exit clearance is required after resignation.

RESULTS OF PROBATION

- Once a resident has been placed on probation due to a deficit and a remedial learning contract has been written and adopted, the resident may move to a new learning experience if there is consensus that a new environment will assist the resident's remediation. The new learning experience will be carefully chosen by the RAC and the resident to provide a setting that is conducive to working on the identified problems. Alternatively, the resident and preceptor may agree that it would be to the resident's benefit to remain in the current learning experience. If so, both may petition the RAC to maintain the current assignment.
- Upon receipt of additional unsatisfactory evaluations, evidence of unprofessional or unethical conduct, or absence without leave, the RPD will call an emergency RAC meeting to discuss appropriate actions. Actions will be either dismissal or additional probation. The RAC actions will have the concurrence of the Chief of Pharmacy or designee.
- The resident may be removed from probationary status by a majority vote of the RAC when the resident's progress in resolving the problem(s) specified in the contract is enough. Removal from probationary status indicates that the resident's performance is at the appropriate level to receive credit for the residency.
 - The request for removal of probationary status may be made at the request of the preceptor(s) working with the resident.
 - If the resident is not making progress or if it becomes apparent that it will not be possible for the resident to receive credit for the residency, the RAC will so inform the resident at the earliest opportunity.
- A resident may appeal the RAC's decision to Chief of Pharmacy or designee. The Chief of Pharmacy or designee will render the appeal decision, which will be communicated to all involved parties, and to the RAC.
- These procedures are not intended to prevent a resident from pursuing an appeal of the RAC decision under any other applicable mechanisms available to VA employees, including Equal Employment Opportunity (EEO), or under the mechanisms of any relevant professional organization, including ASHP.

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PROFESSIONAL LIABILITY AND PROFESSIONAL LIABILITY INSURANCE

FEDERAL TORT CLAIMS ACT (FTCA)

The FTCA provides a limited waiver of the federal government's sovereign immunity when its employees are negligent within the scope of their employment. Under the FTCA, the government can only be sued under the circumstances where the United States, if a private person, would be liable to the claimant in accordance with the law of the place where the act or omission occurred. Thus, the FTCA does *not apply* to conduct that is uniquely governmental, that is, incapable of performance by a private individual.

28 U.S.C. S 2680(h) provides that the government is *not liable* when any of its agents commits the torts of assault, battery, false imprisonment, false arrest, malicious prosecution, abuse of process, libel, slander, misrepresentation, deceit, or interference with contract rights.

The substitution provision of the Federal Employees Liability Reform and Tort Compensation Act (FELRTCA) provides that 'upon certification by the Attorney General that the defendant employee was acting within the scope of his office or employment at the time of the incident out of which the claim arose...the United States shall be substituted as the party defendant.' 28 U.S.C. S2679 (d) (1). The purpose of this amendment to the Federal Tort Claims Act was to 'remove the potential *personal liability* of Federal employees for common law torts committed within the scope of their employment, and...instead provide that the exclusive remedy for such torts is through an action against the United States under the FTCA.' H.R. Rep. No. 700, 100th Cong., 2d Sess.4 91988).

PROFESSIONAL LIABILITY INSURANCE

With more responsibility, comes more risk. Federal employees working within their Scope of Practice are protected under a limited waiver of the federal government's sovereign immunity as described by the Federal Tort Claims Act (FTCA).

Each employee must determine if they should invest in professional liability insurance. You operate on hard work and dedication on the job at hand, but even the most careful and responsible professional can be named in a malpractice suit.

What is professional liability insurance (PLI)?

- PLI ensures the entity or individual against claims of negligence or failure to render professional services made by a third party, such as a patient. There are two types of liability:
 - Occurrence/Extended Reporting Period: covers events that occur while the policy is in effect even if reported after the policy expires
 - Claims-Made: covers events that occur while the policy is in effect and even those that occur before the policy is in effect

Why do pharmacists need PLI?

- Being part of a pharmacy profession places residents at risk for negligence or failure to render professional services. When people sue, they usually name anyone who had anything to do with the situation. Regardless of who is negligent, it may take years for litigation to be dismissed. Even if a case is dismissed, attorney fees can be a financial burden.

What types of lawsuits are most common?

- Negligence lawsuits, that is, damages sustained due to failure to perform according to normal standards of conduct within the profession.

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What does PLI cover?

- Generally, the following is covered by PLI: Actual or alleged errors, omissions, negligence, breach of duty, misleading statements, and performance or non-performance of professional services.

What questions should be asked when selecting PLI?

- What triggers coverage, that is, a verbal allegation versus a written statement? If you must take time away from practice, will coverage provide compensation for wages lost? Is there a deductible and does it apply to defense costs? Does the insurance policy cover governmental or administrative action taken against you?

Will your employer's policy apply to you?

- Yes, but you may still be liable for your own negligence. You may still be responsible for all or part of the plaintiff's award or settlement. The only way to ensure you are covered is to have your own policy.

How much does PLI cost?

- A premium will be based on profession, potential severity of the claim, number of years in practice, number of professionals covered, annual revenues, location of business, and claims history.

How much money will be covered by PLI?

- Limits on the minimum and maximum benefits vary depending on state, but you generally get what you pay for, that is, higher benefits cost more. It may be possible to add an additional \$1,000,000-\$2,000,000 of coverage for a minimal addition to your premium. It is important to look at the maximum limits offered by your policy rather than selecting the most inexpensive policy.

Websites: www.ashp.org; www.phmic.com; www.proliability.com

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RESIDENT SIGNATURE

I, _____ (PRINT NAME), attest that I have read and understand the content, processes, procedures, and my responsibilities described in the VA Southern Nevada Healthcare System PGY1 Pharmacy Residency Program Manual for 2020-2021 in its entirety.

Resident Signature: _____

Date: _____

Witness: _____

Date: _____

Roseann Visconti, Pharm.D.
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PGY1 Pharmacy Residency Program Director
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